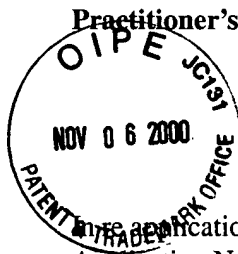


1615

Practitioner's Docket No. 0037.00

PATENT



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED

NOV 08 2000

TECH CENTER 10002300

Inventor: Clark, Andrew

Application No.: 09/414,384

Group No.: 1615

Filed: 10/07/1999

Examiner: R. Bawa

For: FLOW RESISTANCE MODULATED AEROSOLIZED ACTIVE AGENT DELIVERY

Assistant Commissioner for Patents
Washington, D.C. 20231

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING



deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

FACSIMILE



transmitted by facsimile to the Patent and Trademark Office.

Date:

11/1/00

Signature

Kathy Honnert

Kathy Honnert

(type or print name of person certifying)

FEE FOR CLAIMS

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4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)	OTHER THAN A SMALL ENTITY	
Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra	Rate	Addit. Fee
Total	19	Minus	20	= 0	x \$18 =	\$0
Indep.	2	Minus	3	= 0	x \$78 =	\$0
First Presentation of Multiple Dependent Claim					+ \$260 =	\$0
Total					Addit. Fee	\$0

No additional fee for claims is required.

FEE DEFICIENCY

5. If any additional extension and/or fee is required, charge Account No. 500348.
If any additional fee for claims is required, charge Account No. 500348.

Date: 10/31/00

Michael J. Rafa
Signature of Practitioner

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